

State of Idaho

LOBBYIST REPORT FORM ☑ ANNUAL ☐ SEMI-ANNUAL

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THIS SP	ACE FOR OFFIC	E USE ONLY

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619) 08 JAN 14 AM 8: 23

SECRETARY OF STATE

	(Type or print clear See instructions a					STATE	E OF I	DAHO	
Lobbyis	t's name and permanent busine	1 0		Date p	repared		Period c	overed	
								year ending	
	Euge P O	ene C. Thomas Box 829	S				(Mo.)	(Day) (Y	r.)
		se, ID 83701			01-11	-08	(1410.)		7
Item	I							<u> </u>	
1		ole expenditures made of							
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identif Item 3, at bottom of page.)		oloyer (Identify e				
D	o Not Have to be Reported		Employer No.	1 1	Employer No. 2	Employer No	o. 3	Employer No. 4	1
	inment nd Refreshment	\$0.00	\$	\$_		\$		\$	
Living	Accommodations	0.00	Ther	e wer	e no exp	en <u>diture</u>	s mad	d <u>e or in</u> c	curred
Adverti	sing	0.00	on b	ehalf	of Lobb	yist's e	mp1oy	yer by Lo	obbyist —
Travel		0.00		_					
Telepho	one	0.00		_ _					
Other E	Expenses or Services	0.00		_ _					
	Total	\$0.00_	\$0.00	\$ _	0.00	\$	00_	\$0.00)_
*Whan	the number of employers you	s are manarting for magning	s multiple I. 2 form	na ta ha fil	ad a total amount	for all amplemen	n uhauld	he entered on Do	~~ 1
Item	The totals of each expendi								ige 1.
2	Date	Place		mount				ve Officials in Gr	oup
	No E	Expenditures	Over \$50	Requi	red to b	e Report	ed		
		•	ľ	1					
	Continued on attached page(s)		<u>'</u>						
	INST	RUCTIONS		Item 3	Em	nployer(s) Name(s) and Add	dress(es)	
Wh	o should file this form: A	ay lobbyist registered w	dor Saction		rmountai				
	6617 Idaho Code	ny lobbyist registered ul	idei Section		bsidiari Co. P.O.				
Fili	ng deadline: Annual repor	t is due on January 31st		Chevr	on U.S.A.,	Inc., Its	3 Divi	isions, and	d the
		bbyist semi-annual repo			diaries of North 1100				
то	BE FILED WITH:				Railway Co		LU LIGH	010,,00	31210
	В	en Ysursa		No. 3 1	39 N. Last	Chance Gu	ılch,	Helena MT	59601
		etary of State Box 83720			1.1. 0.0.	Dest 1 1			
	Boise,	ID 83720-0080	202		daho Soft I .O. Box 76				
	rnone: (208) 334-2	.852 Fax: (208) 334-22	202			, DOIDE,			

Item personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official									
4 pe				me of Legislator, Public or Executive Official Receiving or Benefiting					
		.N/A		tures Made or Incurred Po					
or	House Bill,	Resolution or other l	on, the number of the Senate egislative activity in which		JECT IDENTIFICATION				
Subject Co (from table	de Bill, Re	ive Ident. Number	Appropriation Bill Number and Section Number N/A	Code Subject O1 Agriculture, horticulture, farming, and livestock O2 Amusements, games, athletics and sports O3 Banking, finance, credit and investments O4 Children, minors, youth, senior citizens O5 Church and religion O6 Consumer affairs O7 Ecology, environment, pollution, conservation, zoning, land and water use O8 Education O9 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, gederal 14 Government, special districts 16 Government, state	Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify)				
Item	Identify any	rule, ratemaking de	ecision, procurement,	CERTIFICATION: I hereby certify the correct statement in accordance with	Section 67-6624 Idaho Code.				
6	contract bid		ncial services agreement or	Lobbyist signature	Date				
	N/A			Employer No. 1 signature	Date				
				Employer No. 2 signature Employer No. 3 signature	Date Date				
				Employer No. 4 signature	Date Date				